

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022332

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4974

STATE FILE NUMBER

FILED MAY 17 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE **Missouri** COUNTY **St. Louis**

c. CITY OR TOWN **St. Overland (14)**

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS **3122 Cole**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROOSEVELT

TURNER

4. DATE OF DEATH

Month

Day

Year

May

6

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-4-1920

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Boliver, Tenn

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Turner

13b. MOTHER'S MAIDEN NAME

Bettie Hayman

14. NAME OF HUSBAND OR WIFE

Doretha Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Doretha Turner 3122 Cole-St. Louis 14

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

19 years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchial asthma

DUE TO (c)

Pneumonia 24 HX

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Dec 1962** to **6 May 63** and last saw **him** alive on **6 May 63**.
Death occurred at **9:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

5/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

5-10-63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

G. Wade Granberry 4202 Finney Ave.,

25. DATE RECD. BY LOCAL REG.

MAY 8 1963

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.